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## BIB DATA SHEET

CONFIRMATION NO. 8955

<b>SERIAL NUMBER</b> 10/764,020	<b>FILING or 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> OM148		
<b>APPLICANTS</b> Colin G. Hodge, Ellicott City, MD; Matthew L. Severns, Gaithersburg, MD; <b>** CONTINUING DATA *****</b> <i>None</i> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/28/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /DEANNA K HALL/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance DKH Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> ROGER M. RATHBUN 13 MARGARITA COURT HILTON HEAD ISLAND, SC 29926 UNITED STATES						
<b>TITLE</b> Medical overflow protective device						
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		